COMMISSION FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES

Advisory Committee Minutes

Holiday Inn-North
2805 Highwoods Blvd., Raleigh, N.C. 27604

Wednesday, July 12, 2006

Attending:
Advisory Committee Members: Marvin Swartz, MD, Laura Coker, Clayton Cone, Dorothy Crawford, Emily Moore, Carl Shantzis, Ed.D., CSAPC, Ann Forbes, Ellen Holliman, Floyd McCullouch

Ex-Officio Committee Members: Dave Richards, Robin Huffman

Excused: Mary Kelly, Judy Lewis, Martha Macon

Division Staff: Steven Hairston, Flo Stein, Denise Baker, Markita Keaton, Leesa Galloway, Shelia Bazemore, Rebecca Carina, Vanessa Holman

Others: John Tote, Doug Dixon, Holly Riddle, Michael Mayer, John Crawford, Pheon Beal

Handouts:
Mailed Packet:
January 18, 2006 Advisory Committee Agenda
Handout developed by Division staff to assist with brainstorming. The handout is entitled "Scope of Workforce Development."

Call to Order:
Chairman, Marvin Swartz opened the meeting at 9:41 a.m.
Mr. Swartz asked the Commission members, Ex-Officio Committee Members, Division Staff and visitors to introduce themselves.

Approval of Minutes:

> ***Upon motion, second and unanimous vote, the Advisory Committee approved the minutes of the April 12, 2006 Advisory Committee meeting with changes to page 2 of the minutes paragraphs 1; line 4 and paragraph 3; line 6, delete Dr. Amy Hewitt.***

Workforce Development:

Marvin Swartz and Steven Hairston outlined the purpose of this committee meeting. They instructed attendees that today's meeting will be used to brainstorm ideas to reach consensus and understanding on a set of objectives for the workforce development plan. Rebecca Carina, Team Leader of the Division's Planning Team, served as the facilitator and recorder of the meeting. To assist with the brainstorming session, Ms. Carina distributed a handout that included a number of topical areas and issues related to workforce development. These topical areas and issues were developed by Division staff and are found in Attachment A.

The group organized its discussion around the topical areas identified in the handout. These areas include:

1. What does the workforce development include?
2. What are the goals of workforce development?
3. Who are our partners?
4. How do we provide guidance and communications to the field?

5. Ideas for a marketing strategy for the completed workforce plan.
6. Other questions- What is the end product of this Commission? How do we implement workforce development for the public MH/DD/SA system of services?

After a review of the document the attendees began the brainstorming exercise to develop ideas around the topics provided. A complete list of the deliberations and ideas raised are included in Attachment B.

At the conclusion of the brainstorming session, the attendees recommended that their work be undertaken following an outline that would address the following questions/topics.

First, the plan should address the goals of the workforce system. That would include, but not be limited to, a philosophical discussion on the purpose of this workforce plan. This would include setting a vision, mission, value, and objectives statements as well as emphasizing the importance of quality management in and of the workforce system.

Second, the plan should address what the system should look like? This identification would be determined through the analysis of labor market information and statistical data and projections on the workforce. This would include, but not be limited to, an analysis of the current workforce, occupational trends and projections, as well as an analysis of current opportunities and projected training programs for dislocated workers/workers in general. Population trends and projections for the state would be addressed.

Third, the plan should address who is responsible for what? Who are the partners and what are their obligations? That is, what are the obligations of the Division? What are the obligations of providers? What are the obligations of consumers? What are the obligations of LME's concerning the development of the workforce. This would include what strategies need to be developed to recruit, train and retain a workforce that is able to deliver culturally and linguistically competent, evidence based, 21st century healthcare. How do you initiate, organize and mobilize strategic partnerships?

Finally, what effects do statutory, rules/regulatory and policy guidelines have on workforce development?

The group decided that it would keep its current subcommittee structure, which included the Governance, Workforce Data and Information, and Professional and Staff Development subcommittees. With the resignation of Don Stedman, a new chair for the Governance subcommittee will have to be named.

Next Steps:

1. Division staff will take the proceedings from today's deliberations and prepare them for inclusion in the meeting minutes. (Attachment B)

2. Division staff will develop an initial work plan for review by the Chair of the Advisory Committee, Chair of the Mental Health Commission and the Division Director to insure that the scope of the workforce endeavor continues to meet the overall objectives initially identified.

3. The work plan will be used to direct the work of the subcommittees over the next fiscal year or until all work is completed on this workforce initiative

There being no further business the meeting adjourned at 11:45 a.m.

Attachment A

Scope of Workforce Development

What does workforce development include?

- **Training of the existing workforce.**
  - Development of current skills.
  - Determination of educational requirements for provision of services and needs for training.
  - Assessment of currently available training programs and activities - community colleges, AHECs, contracted training organizations, community organizations, etc.
  - Contracts with training organizations and individuals.
  - Schedule on-going training.
  - Continuing education / staff development credit (CEUs) for certification & licensing.
  - Evaluation of training and educational programs.
  - Assist providers in meeting requirements of new service definitions.

- **Development of the future workforce.**
  - College preparation of future MH/DD/SA professionals and paraprofessionals.
  - Assessment of current educational opportunities - community colleges, AHECs, universities, community organizations, etc.
  - Recruitment and retention of professionals and paraprofessionals.
  - Specializations and/or cross training to ensure continuity.

- **Determination of future educational needs, current educational programs and gaps, and ways to partner with stakeholders**.
  - What programs and resources we have now.
  - Predict future trends of demand and supply of workforce for professional and paraprofessional workers.
  - Predict future effects on providers for staff per state requirements.
  - Use of surveys to determine effectiveness of training and outcomes of job placement (pre and post evaluation).
  - Assess gaps / outcomes, then redesign training.
  - Resources and/or programs for recruitment, skill building and job placement.

- **Leadership development and succession planning.**
  - Ensure collective skills, knowledge and abilities are not lost due to staff turnover.

- **Planning for development of the workforce.**
  - Define who does what.
  - Use of various portals of training – classroom, online, etc.
  - Use of technology that is accessible for everybody.
  - Tele-medicine methodology.
  - Cross-training.
  - Strategic versus developmental planning.

- **Costs of workforce development.**

- **Stakeholders:**
  - Consumers and families.
  - Public education system, community colleges, universities.
  - Area Health Education Centers (AHECs).
  - Providers, LMEs, Division.
  - Employment Security Commission, job placement, job link centers.
  - Private training organizations and trainers.

What are the goals of workforce development?

- **Benefits for consumers and families:**
  - Increased consumer outcomes and satisfaction.
  - More consumers living successfully in community.

- **Community support for DMH/DD/SAS goals.**

- **Integration:**
  - Systematic workforce development initiative integrated with all partners.
  - Contracts with AHECs and other partners.
  - Education / Training.
  - Marketing.
  - County co-mingling of funds.
  - Partnerships e.g. DMH/DD/SAS with community colleges.
  - Memoranda of Agreement (MOAs) with existing and new with partners.
  - Knowledge of partner's strategies and current efforts.
  - Increased collaboration between existing training providers and DMH/DD/SAS.

- **Adequate workforce:**
  - Increased competent workforce.
  - Providers better able to meet needs through a stronger work force.
  - Increased retention of workforce.
  - Decreased workforce turnover.

- **Training opportunities for all levels of management and service delivery of MH/DD/SA care:**
  - Readily accessible
  - Uniform best practices applied in recruitment, training, and retention.
  - Continuing education units (CEUs) to meet licensing requirements.
  - Cultural / linguistic competency among workforce.
  - Document best practice and guidelines for training and education.
  - Ongoing best practice and training monitors.
  - Measures of success.

- **Ongoing funding resources to pay for:**
  - Education and training of current and future workers.
  - Resource development.
  - Appropriate technology.

- Research.
- Trainers and "Train the Trainers" programs.
- Staff development.
- Web.
- Competitive salaries of public system workers.
- Recruitment of psychiatrists and minorities.
- Prevention in high schools.
- Media campaigns for marketing.
- Management of workforce development at DMH.
- Educational organizational development, e.g. teaching fellows.
- Travel to training and registration fees.

- **Strategies:**
  - Start at middle school and high school health care career programs.
  - Model development.

Who are our partners?

- **Local organizations and entities:**
  - Local management entities (LMEs).
  - Private providers.
  - Advocacy and consumer organizations:
  - State Consumer and Family Advocacy Committee (SCFAC) and local Consumer and Family Advocacy Committee (CFACs).
  - Consumers and families.
  - Local human services collaboratives.
  - County commissioners.
  - Local non-profits in counties to draw down money.
  - Faith-based organizations.
  - Goodwill Industries.

- **Education and training organizations and individuals:**
  - Community colleges.
  - Universities.
  - Vocational schools (high schools).
  - JobLink and placements centers.
  - AHECs.
  - Private trainers.
  - NC Council of Community Programs.
  - Developmental Disabilities Training Institute (DDTI), School of Social Work, UNC-CH.
  - Behavioral Healthcare Resource Program (BHRP), School of Social Work, UNC-CH.
  - Developmental Disabilities Council.

- **Department of Health and Human Services (DHHS):**
  - DMH/DD/SAS central office and all state facilities – psychiatric hospitals, alcohol and drug abuse treatment centers (ADATCs), and developmental centers.
  - Office of Minority Health and Health Disparities, DHHS.
  - Office of Education Services, DHHS.
  - Division of Vocational Rehabilitation (DVR).

    - Division of Medical Assistance (DMA).
    - Division of Public Health (DPH).
    - Division of Child Development (DCD).
    - Division of Social Services (DSS).
    - Division of Services for the Blind (DSB).
    - Division of Facility Services (DFS).
- **Department of Public Instruction (DPI).**
- **Department of Juvenile Justice and Delinquency Prevention (DJJDP).**
- **Department of Labor (DOL).**
- **Employment Security Commission.**
- **Future employees.**
- **Foundations.**
- **E-learning websites.**
- **Legislative Oversight Committee (LOC).**

How do we provide guidance and communication to field?

- **Face to face:**
    - Conferences.
    - County forums.
    - Video conferences.
    - Presentations.
    - Grand rounds.
    - One day summits.
- **Printed documents:**
    - Reports.
    - Policy documents.
    - Communications bulletins
    - Brochures.
    - Local media – newspaper regarding job opportunities and training opportunities.
    - Newsletters.
- **Electronic:**
    - Web.
    - Email.
    - Pod casts.
    - DVDs.
    - Infomercials.
    - List serves.
    - Blogs.
    - Questions & Answers (Q&A) on web,
    - Frequently asked questions (FAQs).
    - Division resource person to handle calls.

Ideas for marketing strategy for completed workforce plan

- **Presentation face to face:**
  - Community forums.
  - Summit.
  - Staff meetings.
  - Canned presentations used locally with LME and all partners.
  - Newspapers.
  - Newsletters of partnering organizations and agencies.
- **Electronic:**
  - Email.
  - Web.
  - DVD.
  - Radio.
  - TV.
- **Early buy-in for plan:**
  - Broad-based representation to meetings.
  - Feedback.
  - Recognition of partners.
  - Demonstrate how the workforce plan benefits each partner (costs, etc.).
  - Involve consumers/families as advocates and receivers of training and benefits of services.
  - Involve paraprofessional/direct care staff for input of their needs.
- **Review federal and other states' approaches:**
  - Marketing strategies.
  - Best practices of marketing.
  - Best practices of training.
  - Curricula.
  - Scope of services and service delivery.
- **Internal education to DHHS and DMH/DD/SAS staff.**
- **Advertise and provide training best practices known per community colleges, Department of Labor, American Society for Training and Development (ASTD).**
- **Preparation through research of past results, current needs and key players.**
- **Workforce development grants.**
- **Provide small grants to sub recipients.**

Other Questions:

What is the end product of this Commission?

How do we implement and integrate workforce development for the public MH/DD/SA system of services?

ATTACHMENT B

ADVISORY COMMITTEE MEETING
JULY 12, 2006

(WORKFORCE DEVELOPMENT)

I. Background: This document represents a compilation of the issues/topics raised during the brainstorming session of the Advisory Committee.

II. Summary of brainstorming:

(Topic 1): <u>What does workforce development include</u>?

- **State, LME and Council's Participation in Workforce Development Plan:**
  - Consultants to provide more effective and efficient data (e.g. Built-in increased ratios of qualified professionals to provide clinical support to direct care staff, and to look at developmental disabilities definitions).
  - Paraprofessionals to have a voice, in that they are 90% of the workforce.
  - Seek input from those who provide Crisis Services, in that they are at the direct care level and deal with day to day statewide issues.
- **Training Needs Assessed:**
  - Should relate to real outcomes.
  - Staff Development Training.
  - Assess how well workshops are attended at Area Health Education Centers.
  - Discern where and what trainings are presently available.
  - Assess issues of capacity and demands for training (e.g. Crosswalk to training and education available by types of professional/paraprofessionals)
  - Assess whether the trainings are meeting the needs of the present/future workforce (Pick 1 or 2 courses to initially focus on).
- **Development of the future workforce.**
  - Recruitment and Retention.
  - Raise level of community care.
  - Assess how to bridge ongoing studies/work on workforce development.
  - Current infrastructure does not work, therefore, improve infrastructure by having:
    1. LME to take responsibility for training assessment and compliance of trainings.
    2. Providers to take responsibility for adequate training of staff.
    3. Stakeholders encouraged to develop a new way of thinking about workforce development.
- **Framework of workforce Development.**
  - Skills development.
  - Quality performance measures (e.g. competencies)
- **Determination of future educational needs, current educational programs and gaps, and ways to partner with stakeholders**.
  - Study service delivery gaps (Supply – Under/Over, Demographics of workforce, where and what professionals)
  - Survey where we are. (Services and staff)
  - Utilize the National Behavioral Health Plan as a resource.
  - Utilize the Annapolis Coalition (SAMHSA) as a resource.

- **Determination of future educational needs, current educational programs and gaps, and ways to partner with stakeholders**. **(Continued)**
  - Assess barriers.
  - Assess changing NC population (Hispanic, Aging, etc.) and include information in the development of the workforce plan and training curricula. Such as:
    1. Training on Cultural Competence of staff, forms, etc.;
    2. Determine if legal requirements are appropriate to the present NC population.;
    3. and competency-based system/outcomes.

(Topic 2): <u>What are the goals/needs of workforce development?</u>

- **What are our needs?**
  - Establish closer working relationships with universities and community colleges.
  - Determine what type and how many professionals are needed.
  - Determine population/distribution (re. UNC-Chapel Hill 1999 survey)
  - Help the LMEs to determine tools and rules for estimating workforce needs.
  - Get baseline data:
    1. Number of Professionals/Paraprofessionals to services.
    2. Number of services needed equal to that of workforce needs
       a. Start with age and disability.
       b. Inferences (e.g. number of Substance Abuse certified professionals geographically).
       c. Licensure boards (Question raised: How would you determine the numbers of professional serving the public sector?)
  - Providers to be at the table. (e.g. Encourage competition among providers to get consumers by delivering quality services)
  - Identify direct care provider issues.
  - Eliminate barriers. (e.g. They include, but are not limited to: Disincentive for providers due to knowing impact of State rules and policies through survey or interview of Human Resource people; staff not feeling valued, direct care staff to feel valued, having a voice, and the need for training in their career)

(Topic 3): <u>What should the system look like</u>?

- No barriers in a privatized system.
- Rehabilitative model of care.
- University and community college to include additional curricula in healthcare and rehabilitation (e.g. recovery and resiliency), to conduct need evaluations, and to attract more people into the Human Services field.

(Topic 4): <u>Required Regulatory Rules, Policies and Responsibilities</u>:

- Review of Commission rules and provide recommendations on revisions. (e.g. review for best fit and barriers, who is responsible, and what the system should look like).
- Governance of training philosophy should focus on training-outcomes and performance measures for consumers.
- Commission policy to ensure quality (e.g. assess demands of system – even quality at a low level, encourage private sectors to compete on quality, provide incentives for providers to create outcomes for people, and real communities for people)
- Discern what is in our control (e.g. State regulations – CPR/First Aid Training, Federal regulations, etc.)
- Commission to:

1. Sort responsibilities of state, LME, providers, consumers;
2. Provide governance of competencies;
3. Engage educational institutions;
4. Assess needs for training and education;
5. Develop training models; and
6. To provide direction.

(Topic 5): <u>What is the end product of the Commission on Workforce Development</u>?

Full Advisory Committee:

- Updated Workforce Development plan
- Provide a Strategic Plan
- Address short term issues
- Address long term issues

1. Governance Workgroup:

- Research and define system functions and policy clarity between the Division, LMEs, providers and stake holders.
- Provide recommendations to: K-12, universities, colleges, economic development, EDC, Area Health Education Centers, etc.

2. Workforce Data and Information Workgroup:

- Provide baseline and statistical information related to the present and future workforce.
- Evaluate potential workforce capacity, taken into account the transition of endorsed 1400+ providers.
- Provide an assessment to include what is needed.
- Determine the loss of psychiatrists and child psychiatrists

3. Professional and Staff Workforce Development Workgroup

- Recruitment of qualified staff
- Communication with providers.